

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

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QUARTERLY CASH RECONCILIATION REPORT FOR PROJECTS
BEGINNING ON OR AFTER OCTOBER 1, 1984

GRANTEE IRS NUMBER: 936002155

FOR THE QUARTER ENDING
JUNE 30, 1995

LETTER OF CREDIT NUMBER: H-3

Elgin City Police Department
PO Box 128
Elgin OR 97827

GRANT	NET AWARD	LAST DOCUMENT NUMBER	CASH DISBURSED
95-CF-WX-1412 BEGIN BAL	.00		.00
AWARD	69,701.00		
TOTAL	69,701.00		.00
GRAND TOTAL	69,701.00		.00

* RESPOND ONLY IF YOUR RECORDS DIFFER FROM OURS *

FINANCIAL STATUS REPORT (Short Form Instructions)

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self explanatory.		reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to sub-recipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under Programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
4.	Enter the employer identification number assigned by the U.S. Internal Revenue Service.	10b.	Self-explanatory.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	10c.	Self-explanatory.
6.	Check yes only if this is the last report for the period shown in item 8.	10d.	Enter the amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. -----
7.	Self-explanatory.		Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		Do not include any amounts on line 10d that have been included on lines 10a, b or c. On the final report, line 10d must be zero.
9.	Self-explanatory.	10e, f, g, h and i.	Self-explanatory.
10.	The purpose of columns I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.		
10a.	Enter total Program outlays less any rebates, refunds, or other credits. For		

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Item	Entry	Item	Entry
11a.	Self-explanatory.		ruled forfeited and are property of the grantee.
11b.	Enter the indirect cost rate in effect during the reporting period.	12d.	Other - Show the Federal portion of program income earned other than from seized/forfeited assets. Other program income would be income from registration fees, tuition, royalties, etc.
11c.	Enter the amount of the base against which the rate was applied.	12e.	Expended - Show the cumulative amount of expended program income (forfeited assets, tuition, registration fees, royalties, etc.) used in this grant.
11d.	Enter the total amount of indirect costs charged during the report period.	12f.	Unexpended - Show the balance of unexpended program income. (c+d-e)
11e.	Enter the Federal share of the amount in 11d.		SP 269A (4-88)
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.		
12.	Remarks.		
12a.	Block/Formula Pass-Through. Show the cumulative amount of Federal funds subgranted to local units of government and combination of local units. This amount should also include subgrants to units of State governments for the benefit of local units of government when a waiver has been granted by the local unit.		
12b.	Total Funds Subgranted. Show the cumulative amount of Federal funds subgranted. This amount should include the total Federal funds subgranted to State agencies and the block/formula pass-through.		
12.	Program Income.		
12c.	Forfeited - Show the cumulative Federal portion of forfeited assets to be used in this grant whether they were forfeited as a result of this grant or another grant. Forfeitures are seized assets that the court has		

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**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0050
Expiration Date 06/30/91

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

OFFICE OF JUSTICE PROGRAMS/OFFICE OF COMMUNITY ORIENTED POLICING SERVICES

AGENCY IDENTIFIER:

OJP/COPS

AGENCY LOCATION CODE (ALC):

15-04-0001

ACH FORMAT:

☐ CCD*

☐ CTX

☐ CTP

ADDRESS:

633 INDIANA AVE., NW ROOM 970

WASHINGTON, D.C. 20531

CONTACT PERSON NAME:

Denise B. Robinson, Acting Director - ACCTG DIV

TELEPHONE NUMBER

(202) 307-6296

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING

☐ SAVINGS

☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

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Instructions for Completing SF 3881 Form

1. Agency Information Section — Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section — Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section — Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.